

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000262 (5)

1. Corporation Name

CHRISTIAN MILITARY FELLOWSHIP CORPORATION



Principal Place of Business

**3677 SO HURON
STE 101
ENGLEWOOD CO 80110
US**

Mailing Address

**P.O. BOX 1207
ENGLEWOOD CO 80150**

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

84-0780545

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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80150-1207

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLM, GREGORY S ANG
1878 E. 9 MILE RD., APT. 803
PENSACOLA FL 32514**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	CONRAD, CRAIG C	
STREET ADDRESS	3784 S. INCA ST.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLYNN, ROBERT W	
STREET ADDRESS	3784 S INCA ST.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLAMBOE, EDWARD E LT	
STREET ADDRESS	925 MARINE DR., ATLANTIS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, JAMES	
STREET ADDRESS	CMR 431 BOX 1702	
CITY-ST-ZIP	APD AE	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JONHSON, RICKY L	
STREET ADDRESS	4775 APARTMENT BLVD E-1	
CITY-ST-ZIP	N CHARLESTON SC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RICKY ;	
STREET ADDRESS	4775 APARTMENT BLVD E-1	
CITY-ST-ZIP	N CHARLESOTN SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3677 So. Huron St, Ste 101
1.4 CITY-ST-ZIP	Englewood, CO 80110
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3677 So Huron St, Ste 101
2.4 CITY-ST-ZIP	Englewood, CO 80110
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mei Anderson
3.3 STREET ADDRESS	3615 So Bryant St
3.4 CITY-ST-ZIP	Englewood CO 80110
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Bingham
4.3 STREET ADDRESS	PO Box 1930 NA
4.4 CITY-ST-ZIP	Englewood, CO 80110
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judge, Michael
5.3 STREET ADDRESS	509 Elmira St
5.4 CITY-ST-ZIP	Aurora, CO 80010
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Flamboe, Ed
6.3 STREET ADDRESS	925 Marine Dr Atlantis
6.4 CITY-ST-ZIP	Annapolis, MD 21401

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Bingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96

(303) 761-5005

Date

Daytime Phone #

CR2E037 (12/95)